

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>mg</i>		10/26/04
O.I.P.E. CLASSIFIER			11-2-04
FORMALITY REVIEW		008711	11-5-04

INDEX OF CLAIMS

.....	Rejected	N	Non-elected
.....	Allowed	I	Interference
(Through numeral).....	Canceled	A	Appeal
.....	Restricted	O	Objected

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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